

Report of : The Director of Public Health

Report to: Outer East Area Committee

Date: 14th February 2012

Subject: Joint Strategic Needs Assessment and Area profiles

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes ALL
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> No

Summary of main issues

1. The Leeds Joint Strategic Needs Assessment is presently being updated and includes within it 108 Middle Super Output Areas (MSOA) profiles and profiles for each Area Committee and each Clinical Commissioning Group. It will be the primary document for agreeing the Joint Health and Well Being Strategy for the City.
2. Cross Cutting themes are emerging across all the key data sets: Wider programmes that impact on health and well being; a focus on prevention programmes; Early identification programmes; Increased awareness; Secondary prevention programme; Increasingly move towards having a holistic focus; Impact assessment in terms of inequalities in health.
3. Within this area there is wide variation in the populations health and well being. This is detailed in the appendix of telling the tale of two MSOAs – East Garforth and Halton Moor, Wykebecks.
4. Halton Moor, Wykebecks; Kippax East, Ledston, Micklefieldare; and Swarcliffe are the priority areas in relation to health and wellbeing needs for the area.

Recommendations

- 4.1. That the Area Committee considers the prioritisation of action in line with the diverse needs within the population.

- 4.2. That further considerations is given to the MSOA profiles for Halton Moor; Wykebecks; Kippax East; Ledston; Micklefield; and Swarcliffe in line with the present actions taking place within these areas.
- 4.3. That consideration is given to the lead roles of different agencies in terms of addressing needs outlined.

1 Purpose of this report

- 1.1 The purpose of this paper is to update the Outer East Area Committee on the emerging priorities for this area flowing from the refresh of the Leeds JSNA.

2 Background information

- 2.1 The Health & Social Care Bill gives the Joint Strategic Needs Assessment a central role in the new health and social care system. It will be at the heart of the role of the new Health and Well Being Boards and is seen as the primary process for identifying needs and building a robust evidence base on which to base local commissioning plans. It provides an objective analysis of local current and future needs for adults and children, assembling a wide range of quantitative and qualitative data, including user views. In the future the JSNA will be undertaken by local authorities and Clinical Commissioning Groups (CCG) through Health and Wellbeing Boards. Local Authorities and CCG will each have an equal and explicit obligation to prepare the JSNA, and to do so through the Health and Wellbeing Board. There is a new legal obligation on NHS and local authority commissioners to have regard to the JSNA in exercising their relevant commissioning functions.
- 2.2 Public Health in the Local government paper published in December 2011 makes it clear Local authorities should decide which services to prioritise based on local need and priorities. This should be informed by the Joint Strategic Needs Assessment. It also states the need to engage local communities and the third sector more widely in the provision of public health and to deliver best value and best outcomes.
- 2.3 The profiles are in line with the new guidance now published.
- 2.4 The first JSNA for Leeds was published in 2009. Two of the key gaps in the original JSNA were having more locality level data and ensuring qualitative data was included of local people's views. For the 2012 refresh each of the core data sets will include local people's views. There has also been the development of Locality Profiling for different geographies. Middle Super Output Area Profiles (108), Area Committee Profiles (10) and Clinical Commissioning Group (3) and planned development of General Practice Profiles (113).

3 Main issues

- 3.1 In February 2012 an analysis of the overall priorities for Leeds from all of the data and qualitative information within the JSNA will be produced within an Executive Summary of the JSNA. For the city of Leeds across all the areas covered within the JSNA there are some emerging cross cutting themes:
- **Wider programmes that impact on health and well being** – focus on children, impact of poverty, housing, education, transport etc.
 - **Prevention programmes** – focusing on smoking, alcohol weight management, mental health, support.
 - **Early identification programmes** – NHS Health Check/NAEDI; risk, early referral for wider support.

- **Increased awareness** – e.g. of symptoms of key conditions, or agencies/information.
- **Secondary prevention programme** – effective management in relation to health and social needs.
- **Increasingly move towards having a holistic focus** - e.g. rather than a long specific disease pathways, focusing instead on the person and their needs.
- **Impact assessment in terms of inequalities in health.**

3.2 The Area Committee profile details information about the population within the area, wider factors that affect health taken from the Neighbourhood Index; GP prevalence data with a focus on long term conditions and healthy lifestyle; mortality data; alcohol admissions data and adult social care data.

3.3 **Key issues for Outer East:**

- The health and well being of the population within the Outer East boundaries is widely variable and is associated with levels of deprivation.
- Each Area Committee is broken down into Middle Level Super Output Areas (MSOA). An MSOA is a geographic area designed to improve the reporting of small area statistics in England and Wales. The minimum population for an MSOA is 5000.
- There are 12 MSOAs in Outer East which mainly fall into “comfortably off”. However, there are 3 MSOAs which are more deprived; Halton Moor, Wykebecks; Swarcliffe; and Kippax East, Ledston, Micklefield.
- In order to prioritise action within Outer East there needs to be an understanding at a smaller geography level. The profiles of the three MSOAs with the greatest health and wellbeing issues are all different, the detail of each is within their MSOAs profiles.

3.4 **Priority Areas:**

3.4.1 **Halton Moor, Wykebecks:** has the highest levels of GP recorded Coronary Heart Disease (CHD), and Diabetes. The level of Chronic Obstructive Airways Disease (COPD) is twice the average for Leeds. These conditions are associated with deprivation, smoking and obesity. Smoking rates are nearly double the average for Leeds. Alcohol specific admissions are the highest in Outer South and attributable admissions are also higher than the Leeds average. Levels of diagnosed cancer are lower than the Leeds average.

3.4.2 Halton Moor has much higher rates of mortality for both sexes, but particularly high rates for men.

3.4.3 The population is predominantly White British and the age breakdown shows a higher than average proportion of children and young people. 49% of households are renting from the local authority (through an ALMO) with a further 17% renting from other registered social landlords. Semi-detached housing accounts for 54% of the stock with purpose built flats accounting for a further 20%. Almost 83% of properties are classified in Council Tax Band A.

- 3.5.1 **Swarcliffe:** has the highest level of recorded smoking and obesity in Outer East. Alcohol specific admissions are higher than the Leeds average and the attributable admissions are also higher than average. It also has a high premature mortality rate for both males and females with CVD and cancers being a key cause of premature death for men.
- 3.5.2 The population is predominantly White British and the age breakdown shows higher than average proportions of children and of older people. Over 55% of households are renting from the local authority (through an ALMO). 38% of the stock is terraced housing, 37% is semi-detached and 22% is purpose built flats. 86% of properties are classified in Council Tax Band A and 10.5% in Band B.
- 3.6.1 **Kippax East, Ledston, Micklefield:** has a low premature mortality rate but the highest GP recorded cancer rates in Outer East. There are low to average levels of smoking and alcohol attributable hospital admissions but a higher than the Leeds average for obesity. This indicates that people are achieving early diagnosis of cancer resulting better opportunities for curative treatment and improved life expectancy.
- 3.6.2 The population is predominantly White British and the age breakdown shows a higher than average proportion of older people. 75% of households are in owner-occupation and 17% are renting from the local authority (through an ALMO). Semi-detached housing accounts for 37% of the stock with detached housing accounting for 30% and terraced properties a further 29%. Just over 42% of properties are classified in Council Tax Band A, 22% in Band C and 15% in Band B.
- 3.7 **A summary of the least deprived area: East Garforth**
- 3.7.1 This MSOA has a premature mortality rate for all causes and all sexes that is lower than the average for Leeds. The rates of recorded Coronary Heart Disease, Chronic Obstructive Pulmonary Disease and Diabetes are all the same or lower than the Leeds average. Smoking rates and admissions for alcohol related conditions are low. Only obesity rates are slightly higher than Leeds,
- 3.7.2 This area has low levels of deprivation. The population is predominantly White British and the age breakdown broadly reflects the averages for the city. 93% of households are in owner-occupation (with just over 1/3rd of these being owned outright). Semi-detached housing accounts for 70% of the stock with detached housing accounting for 21.5%. Just under 55% of properties are classified in Council Tax Band C, 18% in Band B and 11% in Band D.
- 3.7.3 Appendix A gives a comparison between two of these MSOAs across the spectrum of need.

4 Corporate Considerations

4.1 Consultation and Engagement

- 4.1.1 A qualitative data library has been established to include all consultations over the last two years. Over 100 items have been analysed and interwoven within the JSNA data packs to give a view of the local people. A large stakeholder's workshop to share emerging findings and consult on how to ensure Leeds produces a quality JSNA was held in September. A Third sector event is planned for January.

4.2 Equality and Diversity / Cohesion and Integration

- 4.2.1 An Equality Impact Assessment will be carried out in February 2012 on the produced documentation and process prior to being published.

4.3 Council policies and City Priorities

- 4.3.1 The JSNA has already been used to inform the State of the City report and will be the key document for developing the future Joint Health and Well Being Strategy for the City

5 Conclusions

- 5.1 In order to tackle the inequalities present within the area committee, agreed action across partner agencies are required.
- The NHS (and in the future Clinical Commissioning Groups) Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities.
 - The local Authority to lead (with support from the NHS) helping people to live healthier lifestyles, make healthy choices and reduce health inequalities.
 - The local Authority to lead improvements against wider factors which affect health and wellbeing and health inequalities.

6 Recommendations

- 6.1 That the area committee considers the prioritisation of action in line with diverse needs within the population.
- 6.2 That further considerations is given to the MSOA profiles for Halton Moor; Wykebecks; Swarcliffe; and Kippax East; Ledston; Micklefield in line with the present actions taking place within these areas.

7 Background Papers

Scrutiny papers 25th November and 21st December
Health and wellbeing presentation 18th October

Tale of 2 MSOA's Affluent MSOA compared to most deprived MSOA.

Outer East	Population	Life expectancy	Existing Health problems	Future problems	Smoking prevalence	CHD Prevalence	Population type	BME	Educational attainment	Children in workless households	Claiming job seeker allowance
East Garforth	7,255 Above the Leeds average for 40 – 84 year olds. Below the Leeds average for 0 – 4 year olds and 20 – 34 year olds.	80.97 Male 84.73 female	9.8%	0%	15% 16,084 / 100,000 DSR	3.8% 2,453 / 100,000 DSR	Comfortably off	2.22%	83.81% Key stage 4 82.95% Key stage 2	39 3.00%	60 1.29%
Halton Moor, Wykebecks	6,676 Above the Leeds average for 0 – 19 year olds. Below the Leeds average for 20 – 34 year olds and 65 – 85+	75.37 Male 77.71 Female	26.4%	67.8%	37.1% 37,776 / 100,000 DSR	4.1% 4,188 / 100,000 DSR	Hard pressed, struggling families	5.43%	25.24% Key stage 4 66.06% Key stage 2	641 38.94%	374 9.86%